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<b>Application Data Sheet 37 CFR 1.76</b>		Attorney Docket Number	108140-00041
		Application Number	10/568,093
Title of Invention	Diagnostic Method For Stroke		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

**Secrecy Order 37 CFR 5.2**

- ☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

**Applicant Information:**

<b>Applicant 1</b>				
<b>Applicant Authority</b> <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
<b>Prefix</b>	<b>Given Name</b>	<b>Middle Name</b>	<b>Family Name</b>	<b>Suffix</b>
	Pierre		Lescuyer	
<b>Residence Information (Select One)</b> <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
<b>City</b>	Annemasse	<b>Country Of Residence</b>	FR	
<b>Citizenship under 37 CFR 1.41(b)</b> FR				
<b>Mailing Address of Applicant:</b>				
<b>Address 1</b>	2 rue du Chablais, F-74100			
<b>Address 2</b>				
<b>City</b>	Annemasse	<b>State/Province</b>		
<b>Postal Code</b>	F-74100	<b>Country</b>	FR	
<b>Applicant 2</b>				
<b>Applicant Authority</b> <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
<b>Prefix</b>	<b>Given Name</b>	<b>Middle Name</b>	<b>Family Name</b>	<b>Suffix</b>
	Denis	Francois	Hochstrasser	
<b>Residence Information (Select One)</b> <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
<b>City</b>	Geneva	<b>Country Of Residence</b>	CH	
<b>Citizenship under 37 CFR 1.41(b)</b> CH				
<b>Mailing Address of Applicant:</b>				
<b>Address 1</b>	Chemin de la Savonniere 27			
<b>Address 2</b>				
<b>City</b>	Geneva	<b>State/Province</b>		
<b>Postal Code</b>	CH-1245	<b>Country</b>	CH	
<b>Applicant 3</b>				
<b>Applicant Authority</b> <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
<b>Prefix</b>	<b>Given Name</b>	<b>Middle Name</b>	<b>Family Name</b>	<b>Suffix</b>
	Jean	Charles	Sanchez	
<b>Residence Information (Select One)</b> <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
<b>City</b>	Bernex	<b>Country Of Residence</b>	CH	

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Title of Invention		Diagnostic Method For Stroke	

Citizenship under 37 CFR 1.41(b)		CH	
Mailing Address of Applicant:			
Address 1		6 Chemin des Cottonnets	
Address 2			
City	Bernex	State/Province	
Postal Code	CH-1233	Country	CH
Applicant 4			

Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix			
	Laure		Allard				
Residence Information (Select One)		<input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	Gaillard	Country Of Residence	FR				
Citizenship under 37 CFR 1.41(b)		FR					

Mailing Address of Applicant:			
Address 1		residence Le Clos des Vignes, 44 A Rue des Vignes	
Address 2			
City	Gaillard	State/Province	
Postal Code	F-74240	Country	FR

Applicant 5							
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix			
	Elisabeth		Guillaume				
Residence Information (Select One)		<input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	Divonne Les Bains	Country Of Residence	FR				
Citizenship under 37 CFR 1.41(b)							

Mailing Address of Applicant:			
Address 1		76 Grande Rue	
Address 2			
City	Divonne Les Bains	State/Province	
Postal Code	F-01220	Country	FR
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.			

## Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).	
<input type="checkbox"/> An Address is being provided for the correspondence information of this application.	
Customer Number	38485

<b>Application Data Sheet 37 CFR 1.76</b>		Attorney Docket Number	108140-00041
		Application Number	10/568,093
Title of Invention      Diagnostic Method For Stroke			
Email Address		nyipdocket@arentfox.com	<input type="button" value="Add Email"/> <input type="button" value="Remove Email"/>

### Application Information:

Title of the Invention	Diagnostic Method For Stroke		
Attorney Docket Number	108140-00041	Small Entity Status Claimed	<input type="checkbox"/>
Application Type	Nonprovisional		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	

### Publication Information:

☐ Request Early Publication (Fee required at time of Request 37 CFR 1.219)

☐ **Request Not to Publish.** I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

### Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number	38485		

### Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

Prior Application Status	Pending	<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
PCT/GB2004/003512	non provisional of		2004-08-16
Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the <b>Add</b> button.			

### Foreign Priority Information:

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This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Remove

Application Number	Country	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
0319167.3	GB	2003-08-15	<input checked="" type="radio"/> Yes <input type="radio"/> No

Additional Foreign Priority Data may be generated within this form by selecting the Add button.

### Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

#### Assignee 1

If the Assignee is an Organization check here. ☒

Organization Name Electrophoretics Limited

#### Mailing Address Information:

Address 1		Coveham House	
Address 2		Downside Bridge Road	
City		Cobham Surrey	State/Province
Country	UK	Postal Code	KT11 3EP
Phone Number		Fax Number	
Email Address			

Additional Assignee Data may be generated within this form by selecting the Add button.

### Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature	/Michael Fainberg/		Date (YYYY-MM-DD)	2010-05-13
First Name	Michael	Last Name	Fainberg	Registration Number
			50441	

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.